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## EFFECTS OF A LARGE QUANTITY OF EXTRACT OF BELLADONNA.

[Communicated for the Boston Medical and Surgical Journal.]

WE have so few descriptions of the sensations and influence on the system of the more active organic poisons related by the sufferers, that I deemed the following account worthy of preservation.

Mr. Quinby was formerly the editor of the *Star of the West*, a religious paper. In consequence of the unfortunate mistake of a respectable apothecary, his life was nearly lost, and his physical and mental energies were for a time destroyed.

A portion of the mass of extract of belladonna referred to in his note was analyzed by myself, and proved to have retained all its activity, being, in fact, an excellent preparation, apparently of German manufacture.

A. A. H.

Waterville, Me., Sept. 25th, 1857.

DR. HAYES,—Dear Sir,—When I saw you in Boston, in August last, you expressed a wish that I should describe the symptoms which followed the taking of so large a portion of belladonna as I unfortunately drank in November last, which was nearly a teaspoonful of the pure extract, in its pasty state. I dissolved more than this amount in about two thirds of a tumbler of warm water, but it was heavy and thick, and as soon as I stopped stirring it, it would settle to the bottom; I did not, therefore, drink all I put into the tumbler.

In fifteen or twenty minutes after I had taken it, I felt a very disagreeable sensation in my chest and head, and slightly in my stomach. It seemed to me as if there was an accumulation of wind at the pit of the stomach, which should come up. The vital organs were *weary*. I wished to draw a long breath every moment, and soon grew worse. My face became flushed. The pupil of the eye was much dilated, covering nearly the entire iris. My head felt full and heavy. Giddiness followed—the room appeared to whirl and the floor to move. There was a sort of constriction in the chest and throat, slightly spasmodic, and a sense of suffocation. This condition rapidly increased in intensity till I felt I

was assuredly dying. I could think of no other result. It appeared as if every breath I drew would be the last. I took leave of my family, as I found my voice failing and the sense of vision losing itself in darkness, when I became unconscious. I remained in this condition from about 8 o'clock in the morning, till after dark in the evening.

When I came to myself, so as to know those around (which was as soon as there was a passage from the bowels—both a cathartic and injections were administered), the faces of persons looked exceedingly large, broad and out of proportion. Any little speck or spot on the ceiling over head, or on the wall of the room, as large as a fly—for instance, the head of a nail—appeared to my vision precisely like a spider with legs, and the legs constantly in motion.\* This appearance continued for three or four days, but gradually corrected itself so far as *addition* to the real object seen, went. Still, for weeks and months, everything I looked upon, the ground, houses, trees, &c. &c., appeared as if there were a sort of glimmer upon their surface, resembling the wavy motion of heated air, rising from the roof or sides of a building. The figures of a carpet seemed to blend as I looked down upon them; indeed, nothing appeared natural to the vision.

The poison had a marked effect upon my stomach and bowels, rendering them torpid and inactive. For weeks and months I had no appetite, much of the time actually loathing the sight and smell of food.

But the most marked effect has been upon the brain and through the nervous system. I have suffered much, *very* much in consequence. It may not be out of place here to notice one singular sensation (singular to *me*, but perhaps nothing new or remarkable to the minds of medical men), which I experienced when consciousness was leaving me and immediately on its return. It was this. Whatever I touched with my hands felt exceedingly cold. The hands and fingers of my wife were as cold to my touch as icicles, and the longer I retained them in my hand, with the thought that they might soon become warm, *the more intensely cold did they seem*. This feeling was not imaginary, because about the first thing I remember on coming to myself, when my wife spoke to me and took hold of my hand, was the sensation I have described; but it did not then feel as cold as when I was going into a state of unconsciousness. The *feeling* to me was real, but the hand was warm as usual; and I attribute the fact, or phenomenon, to the state of the brain in consequence of congestion, or its condition in consequence of the effect of the belladonna directly on the nervous system.

In four or five days I was able to sit up, and in ten or twelve to

\* All the symptoms which I have described above, followed in the case of my sister, who took but half the amount I did. She, however, did not become unconscious.

go out. But I was weak and trembling, easily excited, quick and hasty in my motions, with a sort of wild and glassy expression about the eye. I felt as if my nervous system was completely shattered. Symptoms appeared which I have nowhere found described in medical works, though I have examined somewhat extensively for the purpose, and which no physician, and no person with nervous habits with whom I have conversed, seem to know anything about. The feelings I have experienced in my brain, at the pit of the stomach, and through my limbs, to which I allude, are difficult to describe. At times, when excited, or a little weary, and sometimes when there is no apparent cause, even when I feel uncommonly well and bright, I experience what I call a sort of *spasm in the brain*. (Perhaps science teaches that this is impossible. I do not mean to be understood that there is really any spasmodic action of this organ, but only that it *appears* so to me.) The sensation comes quite suddenly. There is a sort of drawing and giving away, again, as if the nerves of the brain were in motion, when all upon which I look appears to move slightly in one direction, and then back to their former position. If the objects are at a distance, either forests, houses or mountains upon which I chance to look at the time, they seem to swing. At these moments I feel as if I should fall to the earth, though I experience no giddiness, but only a strange and alarming sensation at the pit of the stomach, corresponding to the feeling in the brain and coming at the same moment, as if the two were connected—and the whole on the sympathetic nerves. This sensation was first experienced in about two weeks after my prostration. I have since felt it many times, and generally when standing or walking, *but seldom when I either stand or sit with my back leaning against something to sustain me*. In two months after I was prostrated, I felt these spasms at times so powerfully that it would seem I could not live if they should continue for the space of a minute. They generally pass off in a few seconds, and do not return for some hours, perhaps not for a day or two. They are gradually wearing out and disappearing from the system.

For months I have refrained from all intellectual labor, and the perplexity of business, and have exercised physically, travelled through mountains and upon the ocean—hunted, fished, bathed in the surf, and lived upon simple but nourishing food, fresh fish—halibut, cod, mackerel and trout suiting my wants and the condition of my digestive organs better than meats or fowl. Though I am much improved, the effects of the medicine—rather poison—are still felt upon the brain and nervous system; but with proper exercise and diet, and refraining from too much head-work, I am in hopes to fully recover.

Yours respectfully,

GEO. W. QUINBY.

## ON SOME ANCIENT MEDICAL DELUSIONS, AND THEIR CONNECTION WITH ERRORS STILL EXISTING.

BY HENRY A. MARTIN, M.D.

[Continued from page 376.]

BUT as the Curé of Meudon, who was also a learned doctor, says, "*Révénons a nos moutons*"; that is, to the chemists and their materia medica. The leading and perhaps most preposterous of all the doctrines adopted and developed by the school of chemical physicians, was that of signatures and celestial influences. Had this doctrine left no traces still existing, it would be hardly worth while to exhume its history from the musty tomes in which it lies buried; but such traces do exist in great number, in popular tradition, and in regular and irregular medical practice. I may be mistaken, and over-estimate the profit to be derived from an investigation of these, certainly more than coincidences, between ancient and modern delusion; but whatever the profit, I feel quite certain that some amusement and curious professional information is to be gained, and on that ground, if there were no other, I feel encouraged to make an attempt to demonstrate the connection to which I have alluded.

I may say that the only modern works in which I have met anything more than the slightest mention of the doctrine of signatures and celestial influences, are the learned introduction of Dr. Paris to his Pharmacologia, and the article on "Paracelsus und seine Lehren" in Sprengel's admirable History of Medicine. In neither of these works is there more than a brief sketch. My principal sources of information have been in three old works, all of them very rare, and one of them perhaps unique. First, the *Praxeos Mayerniana*, a sort of digest of the opinions and practice of Sir Theodore de Mayerne, a great court doctor in his day. He was successively physician in ordinary to three kings—Henry IV. of France, James I. of England, and his son the unlucky Charles. Other claims he has to renown, are that he was the original of the Dr. Caius of Shakspeare, and that by his great learning and influence he first fully reconciled the differences of the Galenic and chemical physicians in England. The work was published in London in 1696, sixty years after his death. Second, the Opera Omnia of Daniel Sennertus, a famous doctor and professor in the renowned University of Wittenberg, in two mighty folios, republished in 1656 at Lyons, from the original German edition. Last, though very far from least, a stout quarto, the Pharmacopœia Medico-Chymica sive Thesaurus Pharmacologicus of Johannis Schröderus, also republished at Lyons in 1649 from the German edition. Who John Schröder was, I have in vain ransacked medical dictionaries and biographical encyclopædias to discover; but that he was a very laborious and learned individual, I know,



and that he must have been very famous in his day, I cannot doubt, but he seems to have passed from human memory into some vast limbo,

"Of all things vain, and all who in vain things  
Built their fond hopes of glory or lasting fame,  
All who have their reward on Earth, the fruits  
Of painful superstition and blind zeal,"

where many a brilliant theory and its teachers preceded, and have followed, and continue, and will continue to follow him to the end of time. To the perhaps unique relic of his labors, in my possession, I am indebted for a large portion of the facts I propose to offer to your notice.

The doctrine of signatures was simply the belief that every natural production of any remedial power had some visible indication of its possession of such power, and of the disease or class of diseases to which it was applicable. Thus the millefolium, which when pressed exudes a crimson juice like blood, was esteemed a vulnerary or remedy for wounds; the root of the minor chelidony and the polypodium resemble polypus, and therefore must cure that disease; the capsules of poppy and the bulb of squills resemble the head, and were considered most admirable cephalics; affections of the testes found large relief in the whole tribe of orchids, in the root satyrion, and in garlick; the fox is long-winded, so a powder of his burnt lungs was "sov'ran" for the asthma; and so on. The indications of virtue in medicinal substances were generally evident and unmistakable, sometimes, however, rather occult; thus although the merest tyro would recognize the efficacy of the yellow juices of chelidony and centaury in the cure of jaundice, it must have taken rather an "old hand" to discover that snails were good for spasmodic affections, because they spasmodically contract themselves when touched.

The doctrine of celestial influences was intimately associated with, in fact a part of, that of signatures. It was necessary to have some doctrine to account for the medicinal power, real or supposed, of substances in which there was no outward and visible sign of such efficacy; the doctrine of celestial influences supplied this deficiency and some others. It was founded on the idea of Plato and others, that man is microcosmos, an abstract or model in every respect of the universe or macrocosmos. This notion was "fantastically strained," says Bacon, "by Paracelsus and the alchemists, as if there were to be found in man's body certain correspondences and parallels, which should have respect to all varieties of things, as stars, planets, minerals, which are extant in the great world."

The planets were presumed to exercise the most powerful influence in human affairs. Sol was the heart of our mighty prototype, and over the heart of man exercised the most absolute control. Certain minerals, vegetables and animals were particularly patron-

ized by the sun, and were supposed to be cardiacs, comforting and beneficial to the heart of man in sickness and in health. Saturn presided over the spleen; Jupiter over the liver; Mars, the gall-bladder; Venus, appropriately, over the genito-urinary apparatus. Next to the planets, the constellations of the Zodiac were most potential, having more particular relation to the members of the human body. Aries presided over the head, Aquarius over the legs and thighs, Pisces over the feet, and the influence of the rest was equitably divided among the other members and those organs not sufficiently protected by the planets.

Among these celestial organs and members, existed warm sympathies and bitter antipathies, and out of these must have arisen grave difficulties in practice. For instance, Mercurius, a most friendly planet, was friend of Saturn, Jupiter, Venus and the Moon, but inimical to Mars. Mercury's particular business was with the lungs; in the treatment of pulmonary affections, the use of any of the various mineral, vegetable or animal substances in the domain of Mercury would be most scientific; and if from the hundred or more articles in this category, the practitioner could not elaborate a sufficiently stupendous prescription, it was good practice for him to make up the deficiency from the realms of either of the planets or constellations friendly to Mercury. But woe unto all concerned if *amethystus*, *ferrum*, *arum*, *helleborus*, *accipiter*, *falco*, or anything else from the ample *medicamentarium* of the churlly Mars slipped into the potion; the most serious consequences were to be anticipated for the patient, and the doctor's reputation was in danger of being most deservedly damaged.

Into further definition of these wondrous fantasies I do not think it necessary to enter, nor to relate any of the grave good reasons and most learned arguments by which their advocates supported them. My only object is to demonstrate their extreme absurdity, and of course the perfect futility of all notions distinctly derived from them; as it is my intention to show that some modern heresies are thus derived, such demonstration seems proper. I think it fit, also, to observe that these extraordinary follies were not, in their day, confined to the people and an obscure and unimportant portion of the profession. From the time of Paracelsus, nay, long anterior, till that of Cullen, late in the last century, these doctrines continued to be very important ones, a large portion of the time leading doctrines in medical science. During this period there were numerous theorists—iatro-mathematicians, animists, vitalists, solidists, and a host of others, but all of them admitted, to a greater or less degree, the truth of the doctrines alluded to; they included among their votaries the most learned and diligent of the profession, and kings, princes, philosophers and statesmen, the most elevated and enlightened of the laity, among their victims. Even now, five centuries after their first pro-

mulgation, there are existing vastly more traces of their former great reputation than will in one century remain of the system of Hahnemann, that kindred delusion of our own time.

I have long been forcibly impressed with the belief that the medical absurdities of the people, for which much pity and contempt are often felt and expressed as evidences of the tendencies of unguided ignorance and superstition, would be found, almost without exception, not to have their origin in the popular mind, but to be the rags and scraps of once famous medical systems garnered in the minds of that same class to which we owe the preservation of the vast mass of the ballad poetry of our language; to that conservative order, the old women, those withered fire-side beldames, who, in the words of Bacon, "have at all times, in the opinion of the multitude, had a competition with physicians."

It is a popular conceit that a draught of the husband's urine is the most powerful oxytoxic that can be administered to his parturient spouse; the origin of this is to be found in Schröderus—"*Mariti urina hausta partum difficilem facilitare dicitur.*" Again, it is a common notion that washing the eyes in urine has a most salutary influence in affections of those organs. Dr. Watson, I think, alludes to this practice as a frequent cause of gonorrhœal ophthalmia. Our author writes, "*Oculorum rubedini subvenit.*" He also recommends not only various other external, but very numerous internal exhibitions of this fluid, in dropsies, obstructions of the liver, spleen and gall-bladder, and in jaundice. I think we should not despise the people, but admire their good taste in retaining so few of the ancient uses of this once renowned remedy.

Poultices of recent cow-dung are frequently used, especially in cases of painful inflammatory swellings; *stercus vaccinum*, according to Schröder, *refrigerat, siccaturque, moderate discutit, dolores insigniter mitigat, &c. &c.* Shortly after, under the same head, he says of "*Priapus Tauri*," that *Mulieribus fastidium coitus parere creditur*. This extraordinary medication seems to have gone out of use, not, I trust, because the fastidiousness has become obsolete, but from the remedial means proposed having proved useless.

The ashes of burnt mice are a popular remedy for incontinence of urine. "Mice," says our author, "opened alive and laid on the part, extract splinters, needles, darts, &c., cure the sting of the scorpion, and extract poison; burnt, they cure nocturnal and involuntary micturition."

I have found, among the Germans, an abounding faith in dog's fat in cases of phthisis and atrophica, and we find in the *Thesaurus Pharmacologicus*, "*canis arungia*" is recommended in "*phthisi et cruore ex casu dissolvendo.*"

I have known the dung of sheep, and a syrup of earth-worms and white sugar, to be used in the rural districts of New England;

the first for measles, and the second for phthisis. Both these substances are to be found in the *Pharmacopœia Medico-Chymica*, and such virtues ascribed to them as leaves no doubt that this use of them would have been most approved practice in the seventeenth century.

It is well known that bear's grease is thought to possess wondrous power over the diseases of what Bichat calls "*le système pileux*;" and that this opinion is well founded, no reader of excellent John Schröder can doubt. First of all the remedies derived from the bear, he places "*pinguedo*," which, according to him, *calfacit, resolvit, emollit, discutit, &c., usus præcipuis in alopecia*; afterward he says, "*in usu externo pinguedinis hujus*" (*ursus*) "*observare expedit quod pilis albedinem conciliat*." Its frequent failure in these cases, now-a-days, is doubtless to be ascribed to the perfumers, who, faithless to their high charge, never give you pure bear's grease, but all sorts of vulgar lard and tallow instead. While on the subject of "*ursus*," I may as well mention a curious belief of the Paracelsians, that that animal's right eye, dried and attached to some part of the body, cured in children what Charles Lamb calls "night-fears," of which the genial, nervous humorist has written so plaintive an account in his "*Essays of Elia*." The left eye was not destitute of virtue, for, tied to the left arm, it drove the quartan fever far from the lucky possessor.

The famous remark of Shakspeare, that "the toad, ugly and venomous, wears yet a precious jewel in his head," has its full proof and explanation in the work so frequently alluded to. *Lapis bufonites*, also called *chelonites*, *batrachites* and *borax*, was a stone of a peculiar shape, one side concave, the other convex, of various colors—black, white, green, and variegated—supposed to be generated in the head of the toad, and possessed of precious virtues indeed. It was useful in the plague and in poisoning. Many thought that any one carrying it was poison-proof. Gently rubbed on the swellings resulting from the bites of venomous animals, the swellings would disappear. In a note it is stated that, in presence of a poisoned cup, the stone would change color, and a sweat would break out upon its surface. *Lapides bufonites* probably sold well in the time of the Borgias; and Catherine de Medicis, we need not doubt, had a choice specimen among the gems upon her jewelled hand.\*

The extraordinary virtues of mothers' milk in ophthalmia, of snake oil, goose oil and many more popular remedies, are extolled in the pharmaceutic works of the seventeenth century. There also is to be found the origin of the popular dogmas, "like cures

\* At last he (Panurge) with a low courtesy put on her (the sybil of Pauzoost's) medial finger a pretty handsome gold ring, wherein was right artificially enchased a precious toadstone of Beausse."—*Rabelais Pantagruel*, Book iii., Chap. xvii.

like," and "part strengthens part," those relics among the vulgar of the same systems of which *similia similibus curantur* is a relic among the pseudo-learned and enlightened.

These traces of ancient medicine in literature and in popular tradition have occurred to me so readily while writing, that I doubt not a very little investigation would discover many more; that in fact almost every popular medical ignorance and superstition, as it is called, would be found to be the relic of some ancient famous system. Although the matter is by no means exhausted, nor devoid of interest, I will not pursue it farther, but conclude my remarks on this branch of my subject by an allusion to a still existing relic of that strange infatuation, the *unguentum armarium* or weapon ointment. This famous notion was, in brief, that when a person was wounded, the weapon inflicting the wound, or, wanting that, as near a representation of it as possible in wood, was to be smeared with an ointment, some of the ingredients of which were mummy, powdered earth-worms, and the moss scraped from human skulls; the part injured was to be at the same time washed and carefully enveloped in clean bandages. The ointment was, in bad cases, to be applied once a day to the weapon; in slighter cases, once in two or three days would suffice—the bandages remaining undisturbed until the cure was completed. We are told by legions of medical writers that the results were marvellous, and vast numbers of patients had a faith as firm, not in the clean bandages, but in the mystic ointment, as the same class have now in the tincture of arnica, and not in the cold water to which it is so sparingly added. The relic of this old delusion still remaining is to be found in a popular treatment of wounds of the feet from rusty nails; the foot is washed, a clean piece of pork rind carefully bandaged over the wound, and the rusty nail immersed and allowed to remain in a phial or cup of oil. I may here say, as a proof that my favorite author John Schröder was not a visionary, but, on the contrary, a very moderate, sensible man for his day, that after telling all about the weapon ointment, he observes that he and a good many others thought it quite as well to anoint the weapon with simple lard.

[To be continued.]

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### Reports of Medical Societies.

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EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

Nov. 23d.—*Imperforate Anus and absence of the Rectum.*—Case reported by Dr. G. H. GAY, who also presented the accompanying paper. The child was first seen Nov. 14th, 1857, about sixty hours after birth. By the mother's account, it had passed nothing from its bowels, and only a slight quantity of urine from the penis, and was in

nearly constant distress, with occasional nausea and the vomiting of a greenish fluid. It was also restless and crying most of the time.

On examination, there was the brownish discoloration and puckering of the skin where the anus ought to be, but no opening could be found. On pressure with the finger, active contraction and retraction of the skin followed, indicating a strong muscular power. A moderately firm, bluish membrane, completely closed up the anal aperture. During the longest straining, there was no forcing down nor protrusion of this membrane. The abdomen was swollen, but apparently not tender to the touch. The skin of the face and upper extremities was yellowish.

A probe passed through the penis into the bladder could not be felt in the perineum.

The parents urged an operation.

*Operation.*—The membrane being freely divided, the point of the little finger was passed through the opening, but no obstruction was met with, no cul de sac could be felt, nor was there any impression on the finger, during the most violent straining. While the finger was in the opening there was strong contraction upon it. The finger passed easily to the top of the sacrum. A probe was then passed into the bladder, and traced to the upper part of the sacrum with nothing intervening but the thin coat of the bladder. This was apparently closely attached to the bone, as nothing would pass between them. The bladder was not distended. As far as the fore finger could reach, nothing was felt but the probe in the bladder, and the sacrum.

Under the circumstances, nothing further was attempted. The parents would not permit an operation in the iliac or lumbar region.

During the operation, some good-colored urine was passed. All the symptoms that were present before the operation, now increased, together with fecal vomiting, hiccough, and great yellowness of the skin. The child died about two days and a half from the operation. No autopsy was permitted.

Before death, there was evidently meconium mixed with the urine, from the appearance on the cloths. The mother said that there was the same greenish color, though not so marked, once before the operation. As there was meconium evidently mixed with the urine, the intestine, whether it was the lower part of the colon or the commencement of the rectum, in all probability terminated at, and communicated with, the upper posterior part of the bladder, and was out of the reach of any operative procedure at that point.

This case, coming on so soon after the recent interesting specimens and discussion before the Society, respecting these anal and intestinal malformations, and differing from the instances most commonly met with in the greater deficiency of the intestine, and the impossibility of reaching it through the usual channel, induced me to examine some of the recorded cases of Ruysch, Hildanus, Morgagni, Heister, Petit, Van Swieten, Littre, Dubois, and others of the older surgeons, together with those of our own day, and give the characteristic peculiarity of each case and its termination.

In order to make a clear arrangement, the following division has been made:—*Imperforate Anus; Imperforate Rectum; Imperforate Anus, with an abnormal opening of the Rectum; Anus natural, and the*

*Rectum with an abnormal opening; Imperforate Anus and Rectum; Imperforate Anus, with an absence of the Rectum; Imperforate Anus, with an absence of the Rectum and Colon (large intestine); Abnormal Anus.*

1st. *Imperforate Anus.*—In this congenital defect the anal opening is closed either by a *thin membrane*, or by one that is *thick and firm*. Here the anus is strictly closed and rendered *imperforate* by a membranous septum.

In other forms there is really no anus, nor any trace to indicate where it ought to be. The scrotal raphé is continued back to the coccyx, and the skin is thicker and more condensed than is natural in that region. This is much more common than the membranous variety. Though called an imperforate anus, there is strictly no anus—an absence of an anus.

In some cases the raphé does not extend so far back. This division of the malformation seems to preponderate in the male sex.

2d. *Imperforate Rectum.*—Here the intestine terminates in a pouch or cul de sac, at variable distances from the anus, usually from one half of an inch to an inch and a half. Sometimes it terminates higher up, with a hard, firm, vermiform appendage, or twisted like a cord, with compact, indurated cellular tissue around it.

Sometimes there is a thin or thick, annular, membranous septum a short distance from the anus, the intestine above and below it being perfectly natural. The septum sometimes has been of the consistency of horn.

Sometimes the walls of the intestine touch, and are, as it were, glued or grown together, but natural above and below it.

3d. *Imperforate Anus, with an Abnormal Opening of the Rectum.*—In these cases, besides the imperforation or absence of an anus, the rectum opens externally by a canal in the *perinæum*, or at various points *beneath the urethra* as far up as the *frænum præputii*, or *directly into the urethra just in front of the verumontanum*. This last is the most commonly met with. It rarely opens or communicates with the bladder. When it does, it is at a point between the openings of the ureters, or at the upper posterior surface. Instead of a direct opening into the urethra or bladder, there is sometimes a narrow, short canal, connecting the two, as Dr. Jackson remarks, like the *ductus arteriosus*.

In females, the rectum opens or communicates with the vagina by a small or large opening; it rarely opens into the bladder.

4th. *Anus natural, with an abnormal opening of the Rectum.*—Instances of this variety are very uncommon. One is mentioned as opening into the *vagina*, another into the *bladder*, another into the *urethra*.

5th. *Imperforate Anus and Rectum.*—In this variety both the anus and rectum are imperforate. There is no outlet for the meconium. A case is recorded of this particular malformation, where the child was *three months old* before an operation was performed, and two years afterward had natural evacuations and perfect control over them.

6th. *Imperforate Anus, with an Absence of the Rectum.*—In these cases the end of the colon terminates in a cul de sac or in a ligamentous substance, floating in the pelvis or in the abdominal cavity, or at times adherent. In this malformation death soon follows where no operation is attempted.

7th. *Imperforate Anus, with an Absence of the Rectum and Colon, and with an Abnormal Anus.*—In these cases, the *abnormal anus* may



be at the *umbilicus*, the *left iliac fossa*, the lower part of the abdomen just above the *symphysis pubis*, or in other extraordinary regions.

In *Bushe* on the *Diseases of the Rectum, &c.*, he refers, in relation to an abnormal anus, to the case of *Dinmore*, of an infant in whom the inferior portion of the abdomen was badly developed, while the intestine turned upward and opened under the border of the *right scapula*; a still more extraordinary case is referred to of *Bils*, in which the intestine mounted from the pelvis, through the chest into the neck, and opened on the *face* by a very small orifice.

Imperforate anus. Cases 5, 6, 8, 29, 30, 34, 37, 38, 52, 53, 54, 55, 69, 73, 83, 97.

Imperforate rectum. Cases 1, 2, 3, 17, 23, 40, 43, 44, 48, 57, 62, 66, 61, 86, 91, 92, 93, 94, 95, 96, 98, 99, 100, 101, 103, 104.

Imperforate anus, with an abnormal opening of the rectum. Cases 4, 9, 10, 12, 13, 14, 15, 16, 39, 47, 51, 58, 63, 68, 74, 78, 79, 80, 81, 82, 85, 87, 88, 90.

Anus natural, and rectum with an abnormal opening. Cases 11, 42, 102.

Imperforate anus and rectum. Cases 7, 18, 28, 32, 33, 35, 36, 41, 45, 46, 49, 50, 56, 59, 64, 65, 67, 70, 71, 72, 75, 76, 77, 84, 88.

Imperforate anus, with an absence of the rectum. Cases 19, 20, 21, 22, 24, 25, 31, 60.

Imperforate anus, with an absence of the rectum and colon (large intestine). Cases 26, 27.

Abnormal anus. Cases 24, 25, 26, 27.

	No. of Cases.	Opera- tion.	No Op'n.	Cure.	Deaths.	
					No Op'n.	Opera- tion.
Imperforate anus, . . . . .	16	16		2		14
Imperforate rectum, . . . . .	26	19	7	4	7	15
Imp. anus—abnormal opening of rectum, . .	24	14	10	9	4	5
Anus natural—rectum with abnormal opening,	3	1	2	1	2	
Imperforate anus and rectum, . . . . .	25	23	2	8	2	15
Imperforate anus, with an absence of rectum,	8	4	4	1	4	3
Imperforate anus—absence of rectum & colon,	2		2		2	
Total, . . . . .	104	77	27	25	21	52

Total operations, 77; cures, 25; deaths, 52.

In making up the result, it will be, perhaps, more proper to place the *five* cases (9, 37, 38, 73, 74) under a separate head of "partial success," and take them from the number of *deaths*. Thus, cures, 25; partial success, 5; deaths, 47.

In the cases of *imperforate anus*, Cases 29, 30, 83 were operated on for an artificial anus. Among the *deaths* are placed Cases 37, 38, 73, which though partially successful and affording more or less temporary relief to the patients on account of an operation, still were ultimately unsuccessful.

*Imperforate Anus, with an Abnormal Opening of the Rectum.*—In Case 4, the rectum opened at the root of the *penis*; Cases 9, 10, 58, 74, 85, into the *urethra*; Case 63, into the *bladder*; Cases 68, 78, 79, 80, 81, into the *vagina*; Case 82, beneath the *urethra* near the *prepuce*.

In the cases where there was *no* operation, Cases 12, 13, 14, 15, 16, 47, all females, lived from 8 years to 100 years. Case 39 died from *scrofula*, at the age of 17.

Of the *successful* operations, the rectum opened in *one* case (63) into the bladder; in *one* case (4) into the perinæum; in *three* cases (10, 58, 82) into the urethra; in *four* cases (78, 79, 80, 81) into the vagina.

Of the *deaths*, *one* case (39) died from *scrofula*, at the age of 17; in *three* cases (51, 87, 89) *three* was *no* operation; of the remaining *five* cases (9, 68, 74, 85, 90) *three* only (68, 85, 90) may be said to have died from the immediate effects of the operation; while cases 9 and 74 were attended with partial success and temporary relief, though ultimately terminating in death, and included among the deaths.

In the cases where there was an abnormal opening of the rectum (11, 42, 102), while the anus was *natural*, *one* of them (42) was operated on *successfully* by Amussat; in the others (11, 102) *no* operation was had.

Among the cases operated upon for *imperforate anus* and *rectum*, *one* (49) was *successful* in the *right* iliac fossa; the other (84) was *unsuccessful* in the *left* iliac fossa.

In the cases of *imperforate anus*, with an *absence* of the rectum, there was *no* operation in *four* of them (19, 20, 24, 25), 24 and 25 having an *abnormal anus* at the umbilicus, and all of them were *fatal*. In the cases operated upon (21, 22, 60, 31), *three* (21, 22, 60) were *unsuccessful*; and *one* (31), Duret's case, was *successful*, after performing *Littre's* operation in the *left* iliac region.

1. (PETIT.)—*Imperforate Rectum*. A very thin membrane an inch from the anus. The anus was *natural*.

The child had an operation, lived two months, and did not die of the operation, nor of anal disease. The sphincter was sound.

2. (ENGERRAN.)—*Imperforate Rectum*. The rectum was drawn up like the umbilicus, the distance from the anus not being mentioned. Had an operation when four days old, and died at the end of a month.

3. (TROIX.)—*Imperforate Rectum*. A female child. About a finger's breadth from the anus, was a membrane, ten lines thick, of almost the consistency of horn.

*Operation*. Death in three days.

4. (HILDANUS.)—*Imperforate Anus, with an Abnormal Opening of the Rectum*. Membrane strong and hard, without any trace of an anus. There was a small opening at the root of the penis, of the size of a pea.

*Operation* on the 6th day. Cure.

5. (DURR.)—*Imperforate Anus*. Membrane from a line commencing at a point where the anus ought to be, and extending to the root of the penis, where there was an opening of the size of a pea, from which meconium and wind escaped.

*Operation*. The membrane was cut through, two months after birth, with a lancet, and a perfect cure was the result.

6. (PETIT.)—*Imperforate Anus*. There was no trace of an anus.

*Operation* on the third day. Meconium passed. Died in convulsions.

7. (PETIT.)—*Imperforate Anus and Rectum*. *Operation*. The septum was divided, and the opening dilated with the finger, but no rectum was found. At the end of three hours, a soft, black tumor, of the size of a prune, appeared, and entirely concealed the incision that had been made. This tumor was punctured, and the child was relieved, but died eight days afterward.

*Autopsy.* On examination, it was found to be the posterior part of the upper portion of the rectum forced down by the efforts of the patient. Between the sphincter and the portion forced down was a hard cord, into which a very fine-pointed needle could hardly be introduced.

8. (PETIT.)—*Imperforate Anus. Operation.* First, with a lancet, without relief, then with a trocar, with a discharge of feces. Died the next day.

9. (FLAJANI.)—*Imperforate Anus, with an Abnormal Opening of the Rectum.* When seen, at the age of four months, there was no trace of an anus, and the feces passed through the urethra. In other respects the child was pretty well. The abdomen swelled, and there was much suffering when there was a desire to have a defecation.

*Operation.* At the age of seven months, with a trocar, in a spot where the anus ought to be. Nothing came but drops of blood. A deeper puncture was made without success. One hour after, feces came by the urethra.

Patient lived to the age of eighteen months, suffering when passing feces, and died in convulsions, with the abdomen enormously distended.

*Autopsy.* The rectum, three inches long, was found terminating in a canal four inches long, which passed beneath the prostate and opened into the membranous portion of the urethra. Here it was blocked up by a cherry-stone.

10. (LUSITANUS.)—*Imperforate Anus, with an Abnormal Opening of the Rectum.* Anus closed by a membrane. Feces were passed by the urethra for three months.

*Operation,* when three months old. Membrane was incised, a cure being the result.

11. (MORGAGNI.)—*Rectum with an Abnormal Opening.* Feces were passed by the urethra, mixed with urine, in a female. There is no mention of any operation.

12. (DE JUSSIEU.)—*Imperforate Anus, with an Abnormal Opening of the Rectum.* The child was a female, and lived to the age of seven or eight years, and always discharged the feces by the vagina. There was no operation.

13. (BENIVENIUS.)—*Imperforate Anus, with an Abnormal Opening of the Rectum.* The feces came, a few days after birth, by the vagina, and continued so up to the time of her death, at the age of sixteen. Died with the most violent colic pains. There was no operation.

14. (VAN SWIETEN.)—*Imperforate Anus, with an Abnormal Opening of the Rectum.* Feces by the vagina, in a marriageable female. There was no operation.

15. (HAESBART.)—*Imperforate Anus, with an Abnormal Opening of the Rectum.* Patient was twenty years old, and had always passed feces by the vagina. Enjoyed good health. There was no operation.

16. (MERCURIALLI.)—*Imperforate Anus, with an Abnormal Opening of the Rectum.* According to Morgagni, a Jewess, named Teutonicus, passed all her feces by the vagina, and lived to the age of one hundred years. There was no operation.

17. (SCHENK.)—*Imperforate Rectum.* Anus open and natural. *Operation* by incision. Injections could not enter the intestine. Death.

*Autopsy.* The walls of the rectum were found glued together at two points, and closed in two other points by two membranes.

18. (SCHULTZ.) *Imperforate Anus and Rectum.* Operation. Nothing came but blood. Death the next day.

*Autopsy.* The rectum had no cavity for a distance of nine fingers' breadth, and was twisted like a cord down to the point where the anus ought to be.

19. (RUYSCH.)—*Imperforate Anus and Absence of the Rectum.* There was no trace whatever of either anus or rectum. There was no operation. Death.

20. (RUYSCH.)—*Imperforate Anus and Absence of the Rectum.* Case similar to No. 19.

21. (BINNINGER.)—*Imperforate Anus and Absence of the Rectum.* Operation. Death on the next day.

*Autopsy.* There was no rectum whatever. The end of the colon was contracted and closed as if tied with a cord, and degenerated into a short ligamentous substance.

22. (JAMIESON.)—*Imperforate Anus and Absence of the Rectum.* Operation by incision, and the finger was introduced. Nothing was felt. The trocar was then used, and nothing came but blood. Death on the next day.

*Autopsy.* The entire rectum was wanting. The colon was closed and filled with meconium, and was floating in the pelvis. All the other parts were in a natural condition.

23. (WAGNER.)—*Imperforate Rectum.* An ordinary probe could be passed to the depth of just an inch and a half, but no further. Child died on the tenth day from birth. There was no operation.

*Autopsy.* There were two kinds of rectum—one, very short, terminating at the anus; the other, forming the continuity of the intestinal canal, was very full of feces and wind, and was reflected upon the superior part of the sacrum, to which it was strongly adherent.

24. (MERY.)—*Imperforate Anus and Absence of the Rectum.* The colon terminated in a nipple-like projection at the umbilicus, in an opening a line and a half in diameter. Feces came through this opening. There was no operation. Death.

25. (MERY.)—*Imperforate Anus and Absence of the Rectum.* Precisely similar to Case No. 24. Male twins.

26. (PETIT.)—*Imperforate Anus and Absence of the Rectum and Colon.* The end of the ilium terminated at the left side of the bas ventre. There was no rectum, nor colon, and only a portion of the cæcum.

27. (LITRE.)—*Imperforate Anus and Absence of the Rectum and Colon.* The ilium opened into a fleshy pocket of the size of a hen's egg, from the inferior extremity of which was a tube, three lines long and two thick, terminating in a round opening externally, a line and a half in diameter, just above the symphysis pubis. This opening served as an anus. There was no operation. Death.

28. (LITRE.)—*Imperforate Anus and Rectum.* Death on the sixth day.

*Autopsy.* The rectum was found divided in two parts.

29. (DUBOIS.)—*Imperforate Anus.* There was no appearance of an anus.

Operation, on the third day, for artificial anus (Littré's) in the left lumbar region. Death, ten days afterward.

*Autopsy.* The borders of the wound in the intestine were consolidated with the walls of the abdominal wound.

30. (DESAULT.)—*Imperforate Anus.* Operation (Littre's) forty-eight hours from birth. Death four days afterward.

31. (DURET.)—*Imperforate Anus and Absence of the Rectum.* There was no trace of an anus. There was no swelling there in the efforts made by the child to have an evacuation. The scrotum was divided into two parts along the median line, with a testicle in each. In the perineum was the glans, with its meatus, from which the urine passed freely.

*Operation,* thirty-four hours from birth, first with a bistoury. A sound was then introduced, but no rectum was felt. Twenty-four hours afterward, the abdomen was much swollen, there were frequent vomitings and cold extremities. When the child was *three* days old, an incision was made into the abdominal cavity above the iliac region, in the situation where the sigmoid flexure of the colon formed a tumor. This portion of the intestine was drawn out by the finger, and a ligature was passed through the meso-colon to retain it out of the abdomen. An incision was then made into it an inch and a half long. The meconium escaped in abundance. The next day, the patient was comfortable. On the fifth day, the sutures uniting the intestine to the abdominal wall were removed. On the *sixth* day, the opening of the intestine, an inch long, gave passage to the prolapsed mucous membrane. The next, the patient seemed to be cured, and had no further need of the surgeon. *Twelve years afterward,* the patient was alive with his artificial anus.

32. (HEISTER.)—*Imperforate Anus and Rectum.* The rectum was closed to the upper part of the sacrum. Operation. Death.

33. (HEISTER.)—*Imperforate Anus and Rectum.* Similar to Case No. 32. Death.

34. (RUYSCH.)—*Imperforate Anus.* The anus was closed by a thin membrane. On the fifth day there was a spontaneous rupture, and death followed a short time afterward.

35. (PETRUS ADRIANI.) *Imperforate Anus and Rectum.* Operation with the trocar, which penetrated to the depth of the little finger. Meconium came. Death.

36. (PETRUS ADRIANI.) *Imperforate Anus and Rectum.* Similar to Case No. 35. Death.

37. (HOWSHIP.) *Imperforate Anus.* Operation when two days old, with a lancet. Meconium came, black and offensive. It oozed away. There was apparently no sphincter. When six months old, was taken to the surgeon, but nothing was done. When a year and a half old, the abdomen was very large, but without any particular inconvenience. The appetite was excessive and unnatural. Picked up and ate everything about him, bits of stick, broom, straws, plum or fruit stones, &c. Ate heartily and never seemed to be satisfied. Was seen by several medical gentlemen, none of whom were satisfied as to the nature of the complaint. There was evidently some abdominal tumor. When two years old, was still suckling. About this time had uneasiness and pain in the belly, which increased so that, in the night, it would hang over the edge of the cradle with his hands on the floor, and the abdomen pressing upon the edge of the cradle. Death six days after the commencement of the sickness.

*Autopsy.* On opening the abdomen, a soft, white elastic tumor was found, which proved to be the rectum. The stomach and small intes-

tines were healthy. The large intestine was double its natural size. Just where the rectum commences, the coats of the intestine were suddenly distended into a large oval pouch or bag, large enough to contain three pints of fluid. This bag contained a large quantity of fruit stones, with bits of stick, straws and dirt, together with a large mass of fluid, dark fecal matter, with which the whole of the colon was more or less filled, as well as the large sac which contained the stones. The enlargement of the rectum was quite down to the anus, which was so confined as to allow with difficulty a medium-sized bougie to be passed, and consequently only the thinnest fecal matter.

38. (MERRIMAN.)—*Imperforate Anus*. The abdomen was much enlarged.

*Operation with a trocar*. The meconium came first, then fecal matter. The mother would not allow the further treatment by bougies. The patient went on tolerably well for six months, and the abdomen was constantly enlarging. Death soon came on. No autopsy permitted.

39. (HOWSHIP.)—*Imperforate Anus, with an Abnormal Opening of the Rectum*. At the request of Dr. Merriman, examined the body of a young woman, aged 17, who died from scrofulous disease, and who from birth had evacuated her stools by the vagina, although there was no want of the power of retention.

*Autopsy*. There was an external mark in the situation of the anus, but no opening. On opening the abdomen, the rectum was traced down to the posterior part of the vagina, to which it was adherent. On removing the vagina and laying it open, the rectum was found to open upon its surface by a very vascular and prominent sort of papilla, within the vagina, near the os externum.

[To be continued.]

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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### MEDICAL TREATMENT OF THE POOR.

It is well known that a large proportion of the ailments of the poor is to be credited to their poverty, solely. Insufficient clothing, food and cleanliness are fertile elements in producing disease. Nowhere is this more abundantly and clearly exemplified than amongst the out-patients of a hospital or dispensary. The attending physicians and surgeons at our own institutions of this description, can ratify this assertion from their daily experience.

Ignorance, also, is, with the poor, a powerful agent in causing and aggravating illness. Frequently some slight affection is magnified till it threatens life, or an amount of exposure is incurred which provokes the onset of more or less serious disease.

This element of ignorance also often defeats the best remedial means instituted. If patients of the above class be ordered small doses of a mercurial, for instance, ten chances to one that some blunder will be made by them; or else, supposing that the more of the medicine taken, at once, the more rapid will be the recovery, they will swallow the whole, and return for more! Quite lately, a patient at the office

of the Boston Dispensary, on being asked why she had transgressed the physician's order, and taken two or three pills at a time, instead of one (protiodide of mercury), replied that they were *so small* she thought one was not enough—that she must take more in order to be cured sooner! Such patients are very alarming individuals—they might, in certain instances, commit involuntary suicide, which would surely be charged to the “doctor.” Thus, we knew another beneficiary at the Dispensary Central Office, who, being provided with a cough mixture containing a notable amount of prussic acid, and particularly instructed as to the quantity to be taken at a dose, put the bottle to his lips, so soon as he had received it from the apothecary, and began to pull at it as if it were “genuine, copper-distilled Bourbon whiskey.” As this interesting manœuvre was performed within the precincts of the office, the man was prevented from finishing the contents of the phial, and being duly terrified, by suitable information as to what would become of him if he “went on” in that style, was allowed to depart, and “still lives”—as inveterate an old medicine-seeker and drinker as there is extant.

We have often thought, when contemplating the motley groups assembling day by day, and in increasing numbers at the Central Office, how much good a thorough ablution, diurnally repeated, would do nearly every individual. That many skin affections would be thus prevented, or, if existent, greatly modified by this means, perseveringly kept up, is indubitable. In default of any extended municipal provision for supplying this great hygienic benefit to the poor, we trust that, when the City Hospital gets fairly into working order, some effectual bathing conveniences may be connected with it, or, at all events, be under the control of its medical officers. This would be hydrotherapy to some purpose, and, in many cases, would render medication, otherwise, unnecessary.

There is one other point connected with prescribing for the poor, which should always enlist the careful attention of the physician; and this is the *dietary* they use. Often, indeed, they have no choice—they must eat what they can get, and there is little enough, usually, of that—but not infrequently they *can* choose, and much may be done to relieve their complaints by regulating their diet alone. We mention this (which may be thought a truism not called for here), because we have been struck with the large number of poor patients badly and habitually constipated, who from ignorance, or because they like it better, constantly live upon the most binding articles of food. Upon changing their course, in the majority of cases the bowels become regular; the health, of course, improves, and the patients can abandon the pernicious custom of swallowing drugs every time they wish to procure an alvine evacuation.

All classes of people, undoubtedly, need occasional hygienic advice from their medical attendants; but the poor peculiarly require it. Whenever medication can be avoided, such is the duty and practice of every conscientious physician; and whilst the expense of medicines should be saved to the rich, enlightenment of the poor upon their physical necessities will alike save them pain and annoyance, and their advisers much trouble, as well as diminish the cost to medical institutions. Moreover, in the present aspect of matters pertaining to the gratuitous care of the sick poor, it is *imperative* upon those



who manage the funds and regulate the dispensing, to exercise all safe economy in outlays of every description.

The need of a City Hospital is every day more evident to those who are initiated into the real wants of the poor of this city, increasing as they do with each year; and it is to be hoped that the hand of Charity will not be slack to meet those calls for bare nourishment, for covering to the body, and shelter for the houseless, which are now more numerous than ever in our community. The action of these direct influences upon disease is boundless—seeds are sown hourly under such deprivations, which are prolific of a terrible harvest. We have thus two evils to contend against; the physical, and the moral or mental. Under the pressure of poverty, the mind is often more surely the destroying agent, in the end, than is the original ill which afflicts the body.

We take this occasion to say, that impostors not infrequently seek aid at medical dispensaries, as well as at charitable *rendezvous* of other sorts. Such should be condignly dealt with, and never suffered to interfere with aid to the worthy. And we cannot but suggest, what is only just and reasonable, that those affected with gonorrhœa and syphilis, who apply at a charitable institution for medical advice and medicines, should at least pay for the latter. If they can afford to get such affections fastened upon them, they should not be encouraged to persist in their evil courses, by being brought out of the scrape for nothing.

#### SYDENHAM SOCIETY.

From the Report of the fifteenth annual meeting of the Sydenham Society, we regret to learn that the income of the Society has been for some years barely sufficient to meet the current expenses. It is a matter of extreme regret that such a valuable series of publications as that issued by this Association should not be continued, and we trust that the announcement that the Society is in want of funds will be sufficient to induce many to subscribe who have not hitherto done so. When one considers that for the small sum of about *five dollars* the members receive from two to four volumes, of great value, and beautifully printed, it is remarkable that the list of subscribers should be so small. One of the books for the current year has just been received here. It is a translation of Küchenmeister's "Manual on the Animal and Vegetable Parasites of the Human Body," and will be shortly followed by the second volume. It is illustrated by superb colored plates, and although a translation from the German, will supply the void which, we lately remarked, existed on this subject in English medical literature. Von Siebold's essay on "Intestinal Worms" will also be supplied to subscribers for this year. Gentlemen wishing to subscribe, can do so by applying to Dr. R. H. Salter, No. 1 Staniford Street.

NOTICE TO CORRESPONDENTS.—The communications of Drs. Warren, Hoffendahl, Kneeland, White and others, which we regret have been crowded out hitherto, will appear in as early a number as possible.

*Deaths in Boston* for the week ending Saturday noon, December 12th, 60. Males, 28—Females, 32—Accident, 1—asthma, 1—bronchitis, 1—disease of the brain, 1—consumption, 11—convulsions, 2—cholera infantum, 1—croup, 3—dysentery, 1—dropsy, 2—dropsy in the head, 1—drowned, 1—infantile diseases, 3—puerperal, 2—typhoid fever, 1—scarlet fever, 5—disease of the heart, 2—disease of the kidneys, 1—inflammation of the lungs, 3—marasmus, 3—measles, 1—rheumatism, 1—strangled, 1—teething, 1—throat, disease of the, 2—tumor, 1—unknown, 3—whooping cough, 4.  
Under 5 years, 31—between 5 and 20 years, 8—between 20 and 40 years, 10—between 40 and 60 years, 8—above 60 years, 3. Born in the United States, 42—Ireland, 13—other places, 5.

*The Union Medical Association, in Illinois.*—This Association met at the city of Jonesboro', Nov. 10th. A paper was read by Dr. Haller, of Vandalia, on "Retention of the Placenta from Morbid Adhesions," the subject of which was discussed by the members. Another paper was read by Dr. Stearns, on the Physiological, Pathological and Therapeutical Effects of Sulphate of Quinine. The following resolution was offered, and will come up at the next meeting:

*Resolved*, That all regular members of the legal (?) profession, of moral character, be permitted and invited to become full members of this Association.

The following resolution was passed, and Drs. Goodman, Dunning and Toler appointed the Committee:

*Resolved*, That a Committee of three be appointed to petition the Legislature, or by any other means, to procure the passage of a law to prevent incompetent persons from collecting fees for any medical services.

Three members were fined \$5 each for failing to deliver addresses at the meeting. The Convention lasted two days, and adjourned to the next regular meeting in Centralia.

*Dr. P. Cassidy, of Lancaster, Pa.*, invites the aid of his medical brethren, by mailing to his address copies of the Transactions of State and County Medical Societies in Virginia, Maryland, Delaware, Pennsylvania, New Jersey, New York, and the New England States. He needs them in the preparation of the Report on Medical Literature, for the American Medical Association, by the Committee, of which he is a member. Publishing houses will consult their interest also, by sending copies of new publications, or newly improved editions, to his address, or to Professor Palmer, Chairman of the Committee, at Ann Arbor, Michigan.—*American Med. Gaz.*

*Molasses from the Chinese Cane.*—Our hope in regard to the successful production of sugar from the "Sorgho Sucre," is small, but we agree with the *South* (Richmond) that the Patent-office at Washington did a good thing in distributing through the country the seed of the "Sorgho Sucre," or Chinese sugar-cane; for, in view of the high price of molasses, it is likely before many years to be extensively cultivated for the saccharine juice with which it abounds, and which, by an easy process, can be converted into very good syrup or molasses. Messrs. Joseph Sinton & Sons, of Henrico, Va., according to the *South*, obtained some of the seed and raised a good crop of the cane, which is valuable as cattle-feed, even after all the saccharine juice is pressed out. The gentlemen tried the cane as a molasses-producer, with the following results:—One hundred and ten stalks were cut and pressed twice in a cider-mill. The juice obtained, amounting to twenty-seven quarts, was then put in a large dinner-pot and boiled one hour and forty-five minutes, making one gallon and a pint of molasses. The article is good and very enticing to those who like sweet things of the kind. The "Sorgho Sucre," though a foreigner, grows and thrives like a native of American soil.—*Hunt's Merchants' Magazine*.

*Medical Practice in Beloochistan.*—To the practice of medicine in Beloochistan there are only two slight draw-backs. When the physician gives a dose, he is expected to partake of a similar one himself, as a guarantee of his good faith. Should the patient die under his hands, the relatives (though by no means bound to exercise it in all circumstances) have the right of putting him to death, unless a special agreement has been made freeing him from all responsibility as to the consequences; while he, should they decide on immolating him, has no reasonable ground for complaint, but is expected to submit to his fate like a man and a hakim. In other respects the amateur will find an easy field.—*Blackwood's Magazine* for October.

M. Perret, the editor of the well-known medical Journal, the *Moniteur des Hopitaux*, has been sentenced to three months' imprisonment for speaking (not in his Journal, but by word of mouth) disrespectfully of the Emperor.

O'Brien Bellingham, M.D., F.R.C.S.I., &c.; and author of a *Treatise on Diseases of the Heart*, recently died at Edinburgh.